

# 2009



# CORONER

## TRAINING SCHEDULE

[www.coroners.ky.gov](http://www.coroners.ky.gov)



*Kentucky*  
UNBRIDLED SPIRIT™



The Department of Criminal Justice Training does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability. This agency will provide, on request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities.

The Department of Criminal Justice Training is committed to full compliance with the spirit and intent of all provisions of the Americans with Disabilities Act and equal employment opportunity.



## JUSTICE AND PUBLIC SAFETY CABINET

Steven L. Beshear  
Governor

Department of Criminal Justice Training  
521 Lancaster Avenue  
Richmond, Kentucky 40475-3102  
(859) 622-1328  
[www.kentucky.gov](http://www.kentucky.gov)

J. Michael Brown  
Secretary

John W. Bizzack, Ph.D  
Commissioner

To All Kentucky Coroners:

The 2009 training schedule for Kentucky's Coroners has been developed through a collaborative effort by the Department of Criminal Justice Training, the Kentucky Coroners Association and the Kentucky Medical Examiners Office. It is our intent to provide you quality training opportunities to enhance your professional goals. The Department of Criminal Justice Training has the statutory responsibility to provide you this training.

I want to express my appreciation to all the staff who contributed and worked so diligently to develop this schedule.

Sincerely,

A handwritten signature in cursive script, reading "Charles J. McMillen".

Training Director  
Department of Criminal Justice Training



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# **MEDICAL EXAMINER AND CORONER DIRECTORY**

In order to assist the citizens of the Commonwealth of Kentucky, we have provided information on how to contact coroners and answers to frequently asked questions about our professional services at our new website at <http://www.coroners.ky.gov>. Coroners can also find information and sign up for training programs through the Department of Criminal Justice Training.

## **Mike Wilder, Executive Director**

Kentucky State Medical Examiner's Office

**Phone:** (502) 564-4545  
Extension 222

Central Laboratory Facility  
100 Sower Blvd., Ste. 202  
Frankfort, KY 40601-8272

**Fax:** (502) 564-1699

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## **Toxicology Lab:**

**Phone:** (502) 564-5636  
**Fax:** (502) 564-1047

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## **Louisville Office**

Kentucky State Medical Examiner's Office  
Urban Government Center  
810 Barret Avenue  
Louisville, KY 40204

**Phone:** (502) 852-5587

**Fax:** (502) 852-1767

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## **Madisonville Office**

Western Kentucky State Medical Examiner's Office  
25 Brown Badgett Loop  
Madisonville, KY 42431

**Phone:** (270) 824-7048

**Fax:** (270) 824-7092

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## **Ft. Thomas**

Northern Kentucky State Medical Examiner's Office  
St. Luke Hospital (East)  
Dept. of Pathology  
85 North Grand Ave.  
Ft. Thomas, KY 41075

**Phone:** (859) 572-3559

**Fax:** (859) 572-3558

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## **Coroner Association**

Brian Ritchie  
701 North Main St.  
Lawrenceburg, KY 40342

**Phone:** (502) 839-5151

**Fax:** (502) 839-1954

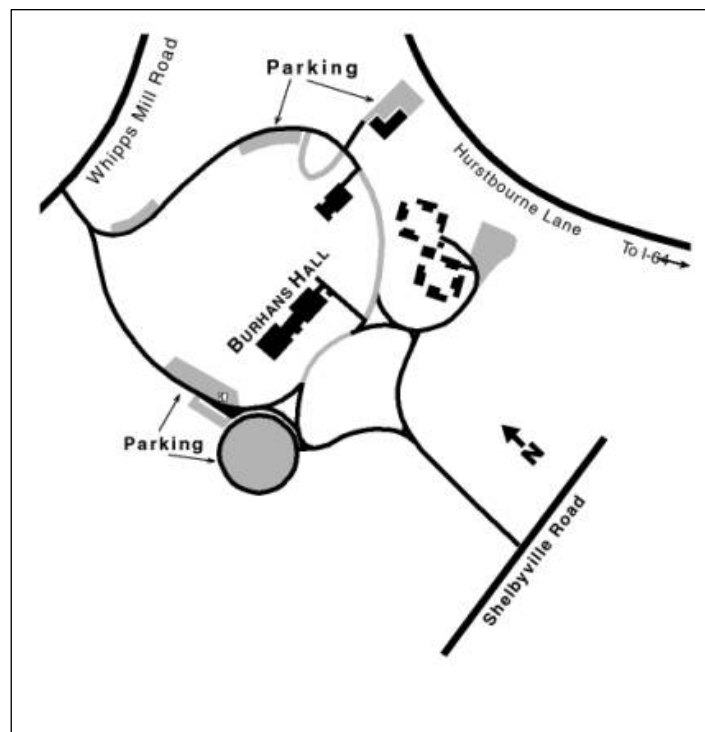
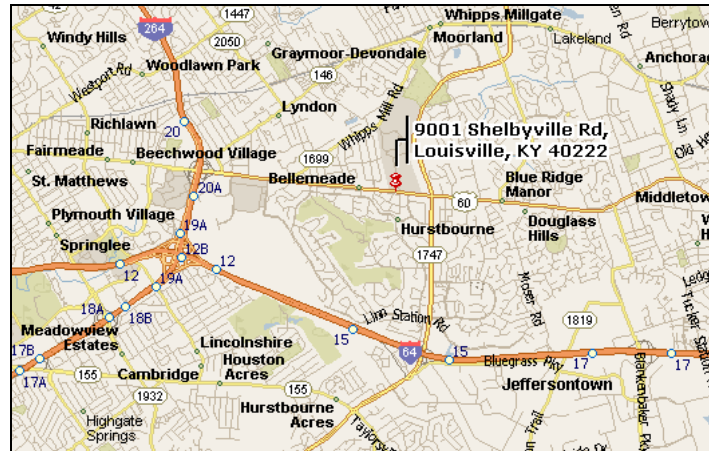
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## **DOCJT DIRECTORY**

|  |                              |
|--|------------------------------|
| <b>General Information</b>   | <b>Phone:</b> (859) 622-1328 |
| <b>Commissioner's Office</b>   | <b>Phone:</b> (859) 622-6165 |
| <b>Deputy Commissioner</b>   | <b>Phone:</b> (859) 622-2302 |
| <b>Director of Training Operations</b>   | <b>Phone:</b> (859) 622-2221 |
| Legal Training Section   | <b>Phone:</b> (859) 622-3801 |
| Louisville Training Section  | <b>Phone:</b> (502) 429-7480 |
| <b>Records</b>   | <b>Phone:</b> (859) 622-5055 |
| <b>Registration (Class Availability)</b>   | <b>Phone:</b> (859) 622-1328 |
| Registration Section<br>Funderburk Bldg.<br>521 Lancaster Ave.<br>Richmond, KY 40475 | <b>Fax:</b> (859) 622-2740   |



**Department of Criminal Justice Training  
Louisville Field Office Training Site  
University of Louisville, 9001 Shelbyville Road  
Burhans Hall (Ground Floor) 502-429-7480**





# REGISTRATION

## The Most Frequently Asked Questions

**Q. How do I apply for a course offered by the Department of Criminal Justice Training?**

- A.** Fill out **DOCJT Form #29-1, Agency Requests for Training**, to register for each of the classes. **The County Coroner must sign this form.**

Fax this form to: 859-622-2740, or mail to:

Registration  
Department of Criminal Justice Training  
Funderburk Building, ECU  
521 Lancaster Avenue  
Richmond, KY 40475-3102

If any of the following conditions exist, you will also need to complete the Coroner's Update Form (**must be signed by the County Coroner**):

- New employee
- Employment status change
- Address change
- Termination or resignation

Fax the form to 502-564-1699, or mail to:

Kentucky Medical Examiner's Office  
100 Sower Blvd., Ste. 202  
Frankfort, KY 40601-8272

**Q. Is there room in a particular class?**

- A.** Applications are date stamped upon receipt and applications are processed on a first-come, first-served basis. It is impossible to give an accurate answer until the bulk of the applications are processed, after the Training Schedule book is distributed.

**NOTE:** All classes have a maximum number of spaces. Please don't wait until the end of the year to request a class, because there may not be openings in the one you want.

**Q. What if the minimum number for a class is not reached?**

- A.** The class may be cancelled.

**Q. How often may I take a particular course?**

- A.** To receive training credit, you may only retake the same course once every three years.

**Q. How do I cancel or reschedule a class I am registered for?**

- A.** You should call or send a fax message to inform the Registration Section (as soon as possible in case we have someone on standby for the same class). You will be allowed to reschedule if there is room in another class.

**Q. Who can register Coroners and Deputy Coroners for class?**

**A.** Only the Coroner can sign the Training Request (29-1) form.

**Q. What happens if a Coroner doesn't get training for the year?**

**A.** The office of coroner was established in Section 99 of the Kentucky Constitution. The General Assembly cannot mandate training requirements for coroners, but has established the monthly compensation for coroners in KRS 64.185. Pursuant to KRS 64.185(1) a coroner who attends and successfully completes an initial basic training course and at least eighteen (18) hours of approved training annually is entitled to a salary of \$200 to \$400 more per month than a coroner who does not complete training, depending upon the population of the county in which he or she serves.

**Q. What happens if a Deputy Coroner doesn't get training for the year?**

**A.** KRS 72.415(2) requires every deputy coroner to complete a basic training course and take eighteen (18) hours of annual training as a condition of office. KRS 72.415(1) grants coroners and deputy coroners the full power and authority of peace officers to enforce the provisions of KRS 72.410 through 72.470. A deputy coroner who failed to complete his or her training would lose that power and authority. Additionally, KRS 64.185(2) establishes the monthly compensation for deputy coroners. Since basic and annual training is a condition of the office of deputy coroner, one who does not complete that training would not be entitled to the salary established in KRS 64.185.

Finally, KRS 72.470 grants immunity to a coroner or deputy coroner, acting in good faith within the scope of his or her official duties, from any civil liability that might otherwise be incurred or imposed. A deputy coroner who failed to complete his or her training might not be entitled to the protections of KRS 72.470.

**Q. What is Form #101 and what is it used for?**

**A.** DOCJT form #101 is used to document and verify the Coroners or Deputy Coroners that completed the Mandatory Training offered on a CD format. The Coroner of each County will sign off on that form to verify the personnel listed have completed this training. The form is then mailed or faxed to Records at DOCJT. Otherwise there would be no record of those persons having completed the training, and they would not be so credited.



E-Mail to: [docit.registration@ky.gov](mailto:docit.registration@ky.gov)

In addition to U.S. mail and fax, we will accept DOCJT Form 29-1 (Agency Requests for Training) and 101 (Mandatory Training Credit) sent via e-mail.

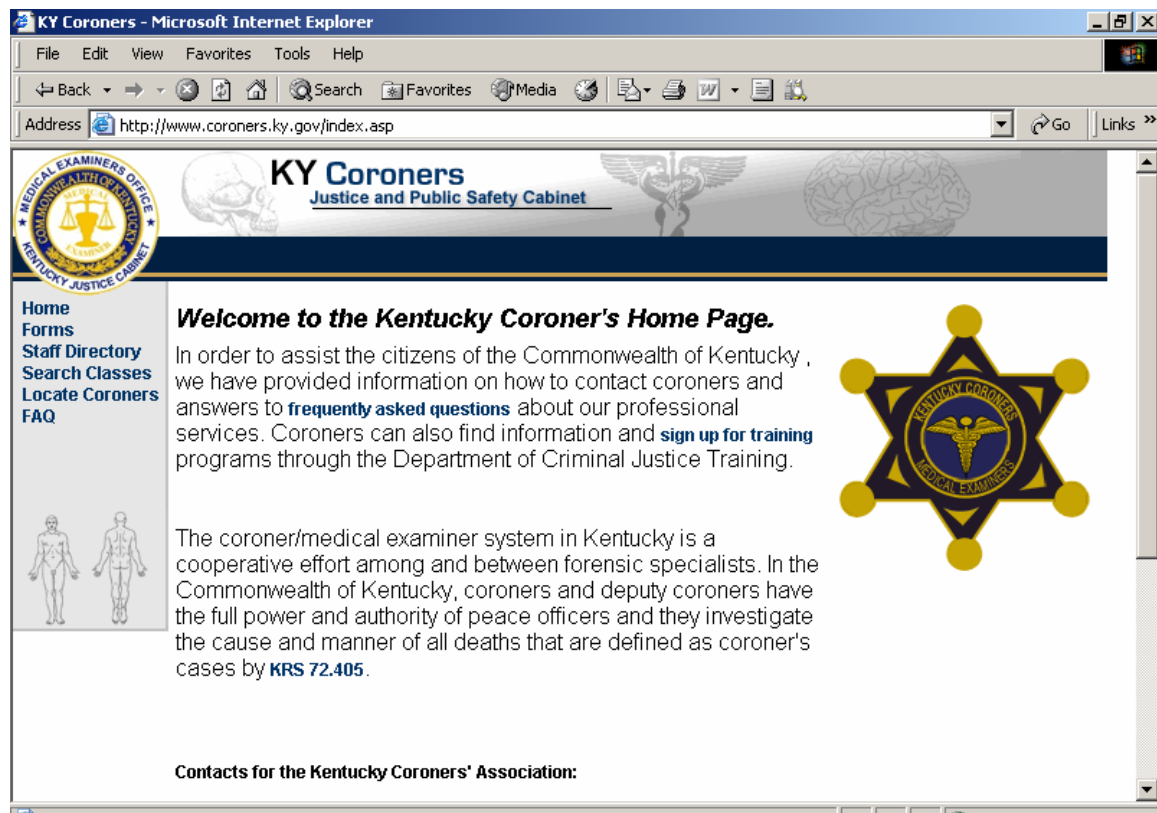
The e-mail must include:

- Name and phone number of person sending the e-mail
- Form 29-1 (containing course information, date, agency, name, title of person authorizing the training and their name typed in the Signature Block)

PLEASE REPRODUCE THE FORMS ON PAGES 21-37 FOR YOUR USE, AS NEEDED.

**Note:** Coroner Update Form, Form 29-1, and 101 are available in electronic format (in Microsoft Word). If you need a form that can be filled out using your computer, contact Susan Dunaway at 859-622-2914 or via e-mail at [Susan.Dunaway@ky.gov](mailto:Susan.Dunaway@ky.gov).

Please check the website at [www.Coroners.ky.gov](http://www.Coroners.ky.gov) for forms and other pertinent information.



# How To Register for a Residence Hall Room

## I. HOUSING REQUEST PROCEDURES (FOR ADVANCED INDIVIDUAL TRAINING STUDENTS)

1. Students must be on the approved DOCJT class roster to request a bed. Approximately two weeks before the start of each class the student will receive a welcome/confirmation letter from the DOCJT with a blue room reservation request card. The student must either:
  - Complete the self-addressed Thompson Hall Room Reservation card included in your class confirmation and mail via U.S. Postal Service
  - Fax the reservation card to (859) 622-8638
  - E-mail the request to: [docit.dorm@ky.gov](mailto:docit.dorm@ky.gov)
  - Register on-line at <http://docit.ky.gov/dorm>
2. Housing reservations are confirmed on a first come first served basis. The earlier your reservation is received, the better chance of being approved for housing.

## II. HOUSING INFORMATION (FOR ADVANCED INDIVIDUAL TRAINING STUDENTS)

- **Cancellation of Room Request** – DOCJT requires a 48-hour notice for cancellation of reservations. Cancellation notification can be made by phone at (859) 622-1703, faxed to (859) 622-8638 or e-mailed to [docit.dorm@ky.gov](mailto:docit.dorm@ky.gov). Failure to cancel a requested room may result in the agency being billed for one night's stay.
- **Check-In** - Student rooms will be available between 5 PM and 11 PM on the day prior to class start date. Students are required to show a picture ID for check-in.
- **Double Occupancy** - All rooms are double occupancy. NOTE: Students are assigned a roommate of the same gender, from the same class. Roommate requests are accepted.
- **Checkout** - Students check out at the Front Desk between 7 AM and 8 AM on the morning of the last day of class.
- **Room Features** - Each room has a  $\frac{3}{4}$  bathroom (e.g., commode, shower [no tub], and double-vanity sinks) and furnished with a telephone and two of the following: twin-size extra-long bed, nightstand, dresser & desk.
- **Provided** - Student receives at the Front Desk: room keys, security key FOB, a pillow, a pillow case, a fitted sheet, a flat sheet, a blanket, network cable for filtered internet access (own computer required) and a TV cable to access the ECU "free" cable network.

- **Not Provided** - Student should bring an alarm clock, a small television and toiletries (e.g., face cloth, hand towel, bath towel, etc.). No housekeeping services are available.
- **Video Security Monitoring on Premises** - Video monitoring is conducted within the hallways and common areas of Thompson Residence Hall for the safety and security of its residents.
- **Thompson Residence Hall is an Alcohol and Tobacco-Free Facility** - This policy includes smokeless tobacco products. A designated smoker's shelter is available in the back of the Residence Hall where the two building wings meet.
- **Front Desk Hours** -
 

|                  |                 |
|------------------|-----------------|
| Sunday           | 5 PM to 11 PM   |
| Monday –Thursday | 7 AM to 11 PM   |
| Friday           | 7 AM to 3:30 PM |

**The front desk is closed for dinner breaks  
from 7 PM to 8 PM, Monday – Thursday.**



# TRAINING

## KENTUCKY REVISED STATUTES

KRS for Coroners can be found on these web sites:

<http://www.lrc.state.ky.us/KRS/064-00/185.PDF>

<http://www.lrc.state.ky.us/KRS/072-00/CHAPTER.HTM>

### Training Requirement:

#### **KRS 72.415 Power and authority of coroners and their deputies -- Training course for deputy coroners.**

(1) For the purpose of enforcing the provisions of KRS 72.410 to 72.470, coroners and deputy coroners shall have the full power and authority of peace officers in this state, including the power of arrest and the authority to bear arms, and shall have the power and authority to administer oaths, to enter upon public or private premises for the purpose of making investigations, to seize evidence, to interrogate persons, to require the production of medical records, books, papers, documents, or other evidence, and to impound vehicles involved in vehicular deaths, employ special investigators and photographers, and to expend funds for the purpose of carrying out the provisions of KRS 72.410 to 72.470. The fiscal court or urban-county government shall pay all reasonable expenses incurred by the coroner and his deputy in carrying out his responsibilities under the provisions of KRS 72.410 to 72.470.

(2) No person shall be eligible to hold the office of deputy coroner unless he holds a high school diploma or its recognized equivalent. Every deputy coroner, other than a licensed physician, shall be required as a condition of office to take during every calendar year he is in office the training course of at least eighteen (18) hours provided by the Department of Criminal Justice Training or other courses approved by the Justice Cabinet after having completed the basic training course the first year of employment. The training course shall include material developed by the cabinet and approved by the Cabinet for Health Services on the human immunodeficiency virus infection and acquired immunodeficiency syndrome. The material shall include information on known modes of transmission and methods of controlling and preventing these diseases with an emphasis on appropriate behavior and attitude change.

**Effective:** July 15, 1998

**History:** Amended 1998 Ky. Acts ch. 426, sec. 95, effective July 15, 1998. -- Amended 1990 Ky. Acts ch. 443, sec. 35, effective July 13, 1990. -- Amended 1988 Ky. Acts ch. 248, sec. 2, effective July 15, 1988. -- Amended 1986 Ky. Acts ch. 64, sec. 6, effective July 15, 1986. -- Amended 1982 Ky. Acts ch. 195, sec. 11, effective July 15, 1982. -- Created 1978 Ky. Acts ch. 93, sec. 5, effective June 17, 1978.

## **SPECIAL CRITERIA FOR TRAINING**

### **COURSE RISKS:**

#### **Low Risks:**

Training occurs indoors. Involves classroom lecture, facilitation exercises and/or computer work.

#### **Intermediate Risks:**

- Scenarios: Training involves classroom lecture, facilitation exercises, and outdoor scenarios. The scenarios could include physical confrontations with simulated subjects. Training occurs in inclement weather.
- Firearms - handgun: Training involves classroom lecture and facilitation exercises. Training involves handgun exercises fired on a static line and in tactical courses. Training occurs in inclement weather.
- Firearms - handgun/shotgun: Training involves classroom lecture and facilitation exercises. Training involves handgun and shotgun exercises fired on a static line and in tactical courses. Training occurs in inclement weather.

#### **High Risks:**

- Firearms- handgun/shotgun/rifle: Training involves classroom lecture and facilitation exercises. Training involves handgun, shotgun, and/or rifle exercises fired on a static line and in tactical courses. Training occurs in inclement weather. Training may involve explosives (Explosive Investigations).
- Driving: Training involves classroom lecture and facilitation exercises. Training involves vehicle operations including emergency response and precision driving. Training occurs in inclement weather.
- Defensive Tactics: Training involves classroom lecture and facilitation exercises. Training involves hands-on encounters with simulated suspects necessitating physical control such as handcuffing. Training could include outdoor scenarios. Training may involve exposure to chemical agents.

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### **COURSE FITNESS LEVELS:**

#### **Low Fitness level:**

This training could include lecture, facilitation, classroom scenarios and/or computer work.

#### **Intermediate Fitness level**

This includes practical exercises in an outdoor location during all types of weather conditions. This training could involve hands-on simulated encounters with suspects necessitating physical control such as handcuffing.

#### **High Intensity Fitness level:**

Ability to engage in confrontational situations in high stress environment.

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## **ATTENDANCE REQUIREMENTS**

Any absence, excused or unexcused, of ten percent or more requires the participant to repeat the course.

## Kentucky Coroner Career Development Concept

### BASIC CORONER

1. Certification from the Department of Criminal Justice Training indicating the participant's completion of the Coroner Basic Course.
  2. A statement from the Coroner indicating that the participant has completed one year of service.
  3. A copy of the participant's current Kentucky State Coroner Association membership card.
- 

### ADVANCED CORONER

1. Certification from the Department of Criminal Justice Training indicating the participant's completion of the five core career coroner courses.
    - Office Administration
    - Postmortem Examination
    - Case Interviews
    - Case Preparation & Courtroom Demeanor
    - Mass Fatality Preparation
  2. A statement from the Coroner that the participant has completed six years of service.
  3. A statement from the Executive Secretary of the Kentucky State Coroner Association that the participant has been a member of the Association for at least three years.
- 

### MASTER CORONER

1. A typed or printed list of at least 300 postmortem examinations that the participant has assisted in performing. The list must include the following:
    - Name of deceased
    - Date postmortem examination initiated
    - Determined cause and manner of death
  2. A statement from the Coroner that the participant has completed 12 years of service.
  3. A statement from the Executive Secretary of the Kentucky State Coroner Association that the participant has been a member of the Association for at least six years.
- 

All information must be submitted to Brian Ritchie, Executive Secretary of the Kentucky State Coroner Association. Approval of the participants receiving the recognition of Basic Coroner, Advanced Coroner and Master Coroner will be made by the Credentials Committee of the Kentucky Medical Examiner's Advisory Commission.

# PROFESSIONAL DEVELOPMENT

## **MANDATORY TRAINING FOR CORONERS**

### **Course Number: 077C-09J**

The Department of Criminal Justice Training will offer a two-hour block of Mandatory Training through a CD during 2009. Legislative provisions of KRS 72.415 (2) require training on the human immunodeficiency virus infection and acquired immunodeficiency syndrome.

It is a legislative requirement that each Deputy Coroner, other than a licensed physician, complete this training. A CD will be provided to each Coroner for viewing by Deputies within his jurisdiction. There is not a written examination attached to this phase of the training, however, it is the responsibility of each Coroner to ensure that his/her Deputies have viewed and understand the contents. The Coroner must verify this training by returning a DOCJT Form 101 listing those Deputies having completed this mandatory training. Form 101 shall be sent to Central Registration office of DOCJT.

The remaining 16 hours of required training will be offered over a two-day period at various locations as shown on the following page.

.

**Attendees:** Deputy Coroners

**Prerequisites:** None

**Career Development Program:** Technical / Human

**Risk:** Low

**Fitness Level:** Low

This training program provides information on the roles and responsibilities of the coroner and techniques for death-scene investigations and coroners' inquests. It is designed to provide legal and investigative fundamentals for the new coroner as well as familiarize the coroners with resources which may be used in the course of their work.

**Prerequisites:** None

**Risk:** Low

**Fitness Level:** Low

FRANKFORT

2/9/2009

2/13/2009

**NEW**

**Attendees:** Coroners, Deputy Coroners and other Criminal Justice Professionals

**Prerequisites:** None

**Risk:** Low

**Fitness Level:** Low

LOUISVILLE

4/22/2009

4/24/2009

At the conclusion of this course the participant coroners will be able to: Effectively draw blood, urine, and vitreous humor from decedents upon whom they are not requesting autopsy. Discuss in scientific and lay terms the causes, manners, and mechanisms of death in direct and indirect drug intoxication cases. Discuss drug intoxications as both a primary and secondary cause of death. Effectively investigate supposed drug deaths. Interact effectively with law enforcement, medical examiners, news media, and others in drug or alleged drug intoxication cases.

**Attendees:** Coroners, Deputy Coroners and other Criminal Justice Professionals

**Prerequisites:** None

**Risk:** Low

**Fitness Level:** Low

LOUISVILLE

10/13/2009

10/14/2009

**NEW**

This course is intended to familiarize the Coroners and Deputy Coroners with injuries and conditions commonly noted with elder death investigation and to injuries, conditions, or suspicious circumstances involving elder death which would suggest more aggressive investigations.

**Attendees:** Coroners, Deputy Coroners, and other Criminal Justice Professionals

**Prerequisites:**

**Risk:** Low

**Fitness Level:** Low

LAKE BARKLEY

9/1/2009

9/2/2009

|                 |   |                 |
|-----------------|---|-----------------|
| <b>010C-09J</b> | <b>FIRE DEATH INVESTIGATIONS - CORONERS</b> | <b>16 Hours</b> |
| <b>NEW</b>      |   |                 |

This course will address issues that are central to the investigation of fire death. Subjects that will be taught in class will include: determining the cause of the fire, locating the point of origin for a fire, factors which will indicate if the fire is the result of arson, types of evidence commonly found at a fire scene, and special investigative problems associated with a fire death. In addition, students will be provided with information related to planning for multiple fatalities that may arise from a fire, the steps to follow when processing a fire scene, and a case study involving all factors discussed in class.

**Attendees:** Coroners, Deputy Coroners, and other Criminal Justice Professionals

**Prerequisites:** None

**Risk:** Low

**Fitness Level:** Low

MOREHEAD

8/18/2009

8/19/2009

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|                 |                              |                 |
|-----------------|------------------------------|-----------------|
| <b>017C-09J</b> | <b>FIREARMS I - CORONERS</b> | <b>16 Hours</b> |
|-----------------|------------------------------|-----------------|

This course contains basic instruction in the fundamentals of combat shooting. Specific topics include safe control and management of firearms, range safety, use of force, and care of the firearm. Students are required to successfully shoot a course of fire for qualification.

**Attendees:** Coroners, Deputy Coroners and other Criminal Justice Professionals

**Prerequisites:** None

**Risk:** Low

**Fitness Level:** Low

RICHMOND

8/13/2009

8/14/2009

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|                 |  |                 |
|-----------------|--|-----------------|
| <b>072C-07J</b> | <b>HOMICIDE INVESTIGATION FOR CORONERS</b> | <b>16 Hours</b> |
|-----------------|--|-----------------|

This course is designed to provide students with information related to the proper investigative techniques that should be used in the investigation of homicides and other violent crimes.

**Attendees:** Coroners, Deputy Coroners and other Criminal Justice Professionals

**Prerequisites:** None

**Risk:** Low

**Fitness Level:** Low

LOUISVILLE

4/7/2009

4/8/2009

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|                 |   |                 |
|-----------------|---|-----------------|
| <b>083C-08J</b> | <b>INCIDENT RESPONSE TO TERRORIST BOMBINGS-CORONERS</b> | <b>16 Hours</b> |
|-----------------|---|-----------------|

This course will introduce Coroners and Deputy Coroners to terrorism and energetic materials (bombs). The topics for this class include introduction to and terminology of explosives, recognition of energetic materials, devices, and device components, response to post-detonation incidents, as well as responding to special situations.

**Attendees:** Coroners, Deputy Coroners and other Criminal Justice Professionals.

**Prerequisites:** None

**Risk:** Low

**Fitness Level:** Low

FRANKFORT

3/17/2009

3/18/2009

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**074C-08J                    MASS FATALITY PREPARATION - CORONERS                    16 Hours**

This course is designed to enable the coroner's office to develop plans for working a large-scale mass disaster. Specific instruction is given in scene protection, investigation, staffing and equipping a temporary morgue site, record keeping and operation of a morgue site. Examples of previous mass disasters will be used to illustrate recommended procedures.

**Attendees:**            Coroners, Deputy Coroners and other Criminal Justice Professionals.

**Prerequisites:**    None

**Risk:** Low

**Fitness Level:** Low

FRANKFORT

5/19/2009

5/20/2009

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**018C-09J                    OFFICE ADMINISTRATION - CORONERS                    16 Hours**

This course provides basic information in the conduct and management of the coroner's office. Specific instruction includes topics in budgeting, laws related to the office of coroner, conducting inquests, completing death certificates and other required forms.

**Attendees:**            Coroners, Deputy Coroners and other Criminal Justice Professionals

**Prerequisites:**    None

**Risk:** Low

**Fitness Level:** Low

OWENSBORO

7/28/2009

7/29/2009

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**081C-08J                    REVIEWING HUMAN ANATOMY                    16 Hours**

This course is intended to familiarize the Coroners and Deputy Coroners with human anatomy and anatomical terminology.

**Attendees:**            Coroners, Deputy Coroners and other Criminal Justice Professionals

**Prerequisites:**    None

**Risk:** Low

**Fitness Level:** Intermediate

**Note:**            This class will be lab oriented and the student must be able to stand for up to 8 hours.

FRANKFORT

6/9/2009

6/10/2009

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## 2009 Coroner Schedule

| LOCATIONS    | COURSE   | TITLE  | HOURS | BEGIN      | END        |
|--------------|----------|--|-------|------------|------------|
| FRANKFORT    | 001C-09J | BASIC TRAINING - CORONERS                        | 40    | 2/9/2009   | 2/13/2009  |
| FRANKFORT    | 083C-08J | INCIDENT RESPONSE TO TERRORIST BOMBINGS-CORONERS | 16    | 3/17/2009  | 3/18/2009  |
| LOUISVILLE   | 072C-07J | HOMICIDE INVESTIGATION FOR CORONERS              | 16    | 4/7/2009   | 4/8/2009   |
| LOUISVILLE   | 067C-09J | CORONERS CONFERENCE - 2009                       | 16    | 4/22/2009  | 4/24/2009  |
| FRANKFORT    | 074C-08J | MASS FATALITY PREPARATION - CORONERS             | 16    | 5/19/2009  | 5/20/2009  |
| FRANKFORT    | 081C-08J | REVIEWING HUMAN ANATOMY                          | 16    | 6/9/2009   | 6/10/2009  |
| OWENSBORO    | 018C-09J | OFFICE ADMINISTRATION - CORONERS                 | 16    | 7/28/2009  | 7/29/2009  |
| RICHMOND     | 017C-09J | FIREARMS I - CORONERS                            | 16    | 8/13/2009  | 8/14/2009  |
| MOREHEAD     | 010C-09J | FIRE DEATH INVESTIGATIONS - CORONERS             | 16    | 8/18/2009  | 8/19/2009  |
| LAKE BARKLEY | 084C-09J | ELDER ABUSE DEATH INVESTIGATION - CORONERS       | 16    | 9/1/2009   | 9/2/2009   |
| LOUISVILLE   | 071C-07J | DRUG RELATED DEATHS - CORONERS                   | 16    | 10/13/2009 | 10/14/2009 |

# FORMS





## Medical Examiner's Office Coroner Status Update

FAX: (502) 564-1699

MAIL: Kentucky Medical Examiner's Office  
Central Laboratory Facility  
100 Sower Blvd., Ste. 202  
Frankfort, KY 40601-8272

### Telephone Contacts:

Executive Director: (502) 564-4545

DOCJT Registration: (859) 622-2225

Fax: (859) 622-2740

### **Agency Information:**

County

( ) -  
Agency Telephone Number

( ) -  
Agency Fax Number

Agency Mailing Address:

Street Address

City

Zip Code

### **Personal Information:**

- -  
Social Security Number      Driver's License #      Date of Birth

Name:      First      M.I.      Last

Mailing Address: Street:      City:      Zip Code:     

Gender (M or F)      Race:     

Home Phone:      Work Phone:     

E-Mail:     

Cell Phone:      Fax #:     

Dispatch:      Pager:     

Occupation:      Name of Business:     

EDUCATION:    ☐ GED    ☐ High School Diploma      College Hours:     

College Degree(s):     

### **Form Submission Purpose:**

☐ Change of Personal Information.

☐ The above named individual has **TERMINATED EMPLOYMENT**.

Effective Date:     

☐ The above named individual is a **NEW HIRE**.

Effective Date:     

### **Agency Hiring Authority Statement:**

☐ I certify that the above individual is employed as a:      **Coroner** ☐      **Deputy Coroner** ☐      as defined in KRS 72.415.

I hereby verify that the above information is true and accurate. Signed this      day of      20     

Signature of Agency Hiring Authority

Title

Printed Name





KENTUCKY JUSTICE & PUBLIC SAFETY CABINET  
DEPARTMENT OF CRIMINAL JUSTICE TRAINING  
AGENCY REQUESTS FOR TRAINING



NAME OF AGENCY \_\_\_\_\_

Date: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ Pages Agency Phone # \_\_\_\_\_

INFORMATION BELOW MUST BE TYPED OR PRINTED

|   | NAME                                     | SSN or DRIVER'S LICENSE # | COURSE #     | DATE OF COURSE                                      |
|---|--|---------------------------|--------------|---|
| 1 |  |                           |              |   |
|   | LOCATION (Enter e-mail if on-line class) |                           | COURSE TITLE |   |
|   |  |                           |              |   |
|   |  |                           |              | OR<br><input type="checkbox"/> First Available Date |

|   | NAME                                     | SSN or DRIVER'S LICENSE # | COURSE #     | DATE OF COURSE                                      |
|---|--|---------------------------|--------------|---|
| 2 |  |                           |              |   |
|   | LOCATION (Enter e-mail if on-line class) |                           | COURSE TITLE |   |
|   |  |                           |              |   |
|   |  |                           |              | OR<br><input type="checkbox"/> First Available Date |

|   | NAME                                     | SSN or DRIVER'S LICENSE # | COURSE #     | DATE OF COURSE                                      |
|---|--|---------------------------|--------------|---|
| 3 |  |                           |              |   |
|   | LOCATION (Enter e-mail if on-line class) |                           | COURSE TITLE |   |
|   |  |                           |              |   |
|   |  |                           |              | OR<br><input type="checkbox"/> First Available Date |

|   | NAME                                     | SSN or DRIVER'S LICENSE # | COURSE #     | DATE OF COURSE                                      |
|---|--|---------------------------|--------------|---|
| 4 |  |                           |              |   |
|   | LOCATION (Enter e-mail if on-line class) |                           | COURSE TITLE |   |
|   |  |                           |              |   |
|   |  |                           |              | OR<br><input type="checkbox"/> First Available Date |

|   | NAME                                     | SSN or DRIVER'S LICENSE # | COURSE #     | DATE OF COURSE                                      |
|---|--|---------------------------|--------------|---|
| 5 |  |                           |              |   |
|   | LOCATION (Enter e-mail if on-line class) |                           | COURSE TITLE |   |
|   |  |                           |              |   |
|   |  |                           |              | OR<br><input type="checkbox"/> First Available Date |

|   | NAME                                     | SSN or DRIVER'S LICENSE # | COURSE #     | DATE OF COURSE                                      |
|---|--|---------------------------|--------------|---|
| 6 |  |                           |              |   |
|   | LOCATION (Enter e-mail if on-line class) |                           | COURSE TITLE |   |
|   |  |                           |              |   |
|   |  |                           |              | OR<br><input type="checkbox"/> First Available Date |

This signature attests to the employment status of individuals as indicated above and authorizes the training requested:

AUTHORIZED SIGNATURE: \_\_\_\_\_ TYPED NAME: \_\_\_\_\_

Check One: ☐ Agency Head ☐ Training Officer

MAIL: Dept. of Criminal Justice Training  
Registration  
Funderburk Bldg., ECU  
521 Lancaster Ave.  
Richmond, KY 40475-3102

FAX: (859) 622-2740  
E-MAIL: DOCJT.Registration@ky.gov  
PHONE: (859) 622-1328





KENTUCKY JUSTICE & PUBLIC SAFETY CABINET  
DEPARTMENT OF CRIMINAL JUSTICE TRAINING  
**MANDATORY TRAINING**  
**FOR CREDIT YEAR 20**  
Please Type

Page \_\_\_\_\_ of \_\_\_\_\_ Pages      Name of Agency conducting this course \_\_\_\_\_  
Agency Phone Number: \_\_\_\_\_

|     | SOC. SEC. # | NAME OF TRAINEE | DATE OF COMPLETION |
|-----|-------------|-----------------|--------------------|
| 1.  | -      -    |                 |                    |
| 2.  | -      -    |                 |                    |
| 3.  | -      -    |                 |                    |
| 4.  | -      -    |                 |                    |
| 5.  | -      -    |                 |                    |
| 6.  | -      -    |                 |                    |
| 7.  | -      -    |                 |                    |
| 8.  | -      -    |                 |                    |
| 9.  | -      -    |                 |                    |
| 10. | -      -    |                 |                    |
| 11. | -      -    |                 |                    |
| 12. | -      -    |                 |                    |
| 13. | -      -    |                 |                    |
| 14. | -      -    |                 |                    |
| 15. | -      -    |                 |                    |
| 16. | -      -    |                 |                    |
| 17. | -      -    |                 |                    |
| 18. | -      -    |                 |                    |
| 19. | -      -    |                 |                    |
| 20. | -      -    |                 |                    |

**INSTRUCTOR STATEMENT:**

I certify that the above named law enforcement officer(s) successfully completed Mandatory Training for 20\_\_\_\_\_.

\_\_\_\_\_  
AGENCY HEAD OR TRAINING DIRECTOR

\_\_\_\_\_  
DATE



**KENTUCKY JUSTICE CABINET  
STATE MEDICAL EXAMINER'S OFFICE**

**CORONERS AUTHORIZATION FOR POST-MORTEM EXAMINATION**

I hereby authorize the Kentucky Medical Examiner Division to perform a Post-Mortem Examination on this deceased body and to remove and retain such organs and tissues as may be necessary to determine the identification and/or the cause of death and/or the manner of death of this deceased person. This authorization is pursuant to KRS. Chapter 72.

**NAME OF DECEDENT:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **RACE:** \_\_\_\_\_

**LOCATION WHERE DEATH OCCURRED:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_ **TIME OF DEATH:** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_

**TYPE OF DEATH THAT IS SUSPECTED:** \_\_\_\_\_

**HISTORY: (WHAT HAPPENED)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POLICE AGENCY:** \_\_\_\_\_ **INVESTIGATOR:** \_\_\_\_\_

**If prescription drug related, state name of physicians and pharmacies on prescriptions:**

**Medication:** \_\_\_\_\_ **PHYSICIAN:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **PHYSICIAN:** \_\_\_\_\_

**Medication:** \_\_\_\_\_ **PHYSICIAN:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Coroner or Deputy Coroner**

\_\_\_\_\_  
**County**

**CORONER: Please keep pink copy and send white and yellow copy to Medical Examiner.**



**SUDDEN UNEXPLAINED INFANT DEATH  
INVESTIGATION REPORT FORM (SUIDIRF) 3.96**

Case number \_\_\_\_\_

Infant's full name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 Home address \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
 City, state, zip \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 County \_\_\_\_\_ SS# \_\_\_\_\_  
 Police complaint number \_\_\_\_\_ Police department \_\_\_\_\_

**I. CIRCUMSTANCES OF DEATH**

| Action   | Date | Time | By whom (person or agency)  | Remarks   |
|--|------|------|---|---|
| ME/C notified  |      |      |   | Receipt by:                                     |
| NOK notified   |      |      |   | Person:   |
| Scene visit  |      |      |   | ____ ME/C staff ____ Other agency ____ Not done |
| Scene address  |      |      |   |   |
| Condition of infant when found      ____ Dead (D)      ____ Unresponsive (U)      ____ In distress (I)      ____ NA (N)  |      |      |   |   |
| Sequence of events before death:   |      |      |   |   |
|  |      |      |   |   |
| Event  | Date | Time | Location (street, city, state, county, zip code)  |   |
| Injury   |      |      |   |   |
| Discovery  |      |      |   |   |
| Arrival  |      |      | Hospital:   | Transport by:                                   |
| Actual death   |      |      | ____ On scene (S)      ____ Emergency room (E)      ____ Inpatient (I)<br>____ En route or DOA (D)      ____ During surgery (O) |   |
| Pronounced dead  |      |      | By whom:<br>License #:  | Where:  |
| Event  | Date | Time | By whom (person)  | Remarks   |
| Infant placed  |      |      |   | Place:  |
| Known alive  |      |      |   | Place:  |
| Infant found   |      |      |   | Place:  |
| First response   |      |      |   | Type:   |
| EMS called   |      |      |   | From where:                                     |
| EMS response   |      |      | Agency:   |   |
| Police response  |      |      | Agency:   |   |
| Place of fatal event<br>____ Witness in room or area (W) or ____ Unwitnessed (U)<br>____ At own home (H) or ____ Away from home (A)<br>____ Indoors (I) or ____ Outdoors (O)<br>____ In vehicle (V) or ____ Not in vehicle (N) |      |      |   |   |
| Describe type of place:  |      |      |   |   |

**SUDDEN UNEXPLAINED INFANT DEATH  
INVESTIGATION REPORT FORM (SUIDIRF) 3.96**

Case number \_\_\_\_\_

**II. BASIC MEDICAL INFORMATION**

| Health care provider for infant:  |   | Phone:   |   |
|---|---|--|---|
| Medical history <input type="checkbox"/> Not investigated (X) <input type="checkbox"/> Unk (U) <input type="checkbox"/> No past problems (N) <input type="checkbox"/> Medical problems (P)  |   |  |   |
| Medical source <input type="checkbox"/> Physician (P) <input type="checkbox"/> Other health care provider (H) <input type="checkbox"/> Other (O)  |   | <input type="checkbox"/> Medical records (M) <input type="checkbox"/> Family (F) <input type="checkbox"/> None (N) |   |
| Specific infant medical history   | Yes   | No   | Unk   |
| A. Problems during labor or delivery<br>Birth hospital:<br>Birth city and state:  |   |  |   |
| B. Maternal illness or complications during pregnancy<br>Number of prenatal visits:   |   |  |   |
| C. Major birth defects  |   |  |   |
| D. Infant was one of multiple births (e.g., a twin)<br>Birth weight:<br>Gestational age at birth (weeks):   |   |  |   |
| E. Hospitalization of infant after initial discharge  |   |  |   |
| F. Emergency room visits in past 2 weeks  |   |  |   |
| G. Known allergies  |   |  |   |
| H. Growth and weight gain considered normal   |   |  |   |
| I. Exposure to contagious disease in past 2 weeks   |   |  |   |
| J. Illness in past 2 weeks  |   |  |   |
| K. Lethargy, crankiness, or excessive crying in past 48 hours   |   |  |   |
| L. Appetite changes in past 48 hours  |   |  |   |
| M. Vomiting or choking in past 48 hours   |   |  |   |
| N. Fever or excessive sweating in past 48 hours   |   |  |   |
| O. Diarrhea or stool changes in past 48 hours   |   |  |   |
| P. Infant has ever stopped breathing or turned blue   |   |  |   |
| Q. Infant was ever breast-fed   |   |  |   |
| R. Vaccinations in past 72 hours  |   |  |   |
| S. Infant injury or other condition not mentioned above   |   |  |   |
| T. Deceased siblings  |   |  |   |
| Diet in past 2 weeks included: <input type="checkbox"/> Breast milk <input type="checkbox"/> Formula <input type="checkbox"/> Cow's milk <input type="checkbox"/> Solids<br>Date and time of last meal:<br>Content of last meal:                |   |  |   |
| Medication history <input type="checkbox"/> Not investigated (X) <input type="checkbox"/> Unk (U) <input type="checkbox"/> Rx (P) <input type="checkbox"/> OTC (O) <input type="checkbox"/> Home remedies (H) <input type="checkbox"/> None (N) |   |  |   |
| Emergency medical treatment <input type="checkbox"/> None (N) <input type="checkbox"/> CPR (R) <input type="checkbox"/> Transfusion (T) <input type="checkbox"/> IV fluids (F) <input type="checkbox"/> Surgery (S)                             |   |  |   |
| Medicine names and doses; if prescription, include Rx number, Rx date, and name of pharmacy:  | Describe nature and duration of resuscitation and treatments used to revive infant: |  | Describe any known injuries or marks on infant created or observed during resuscitation or treatment: |

**SUDDEN UNEXPLAINED INFANT DEATH  
INVESTIGATION REPORT FORM (SUIDIRF) 3.96**

Case number \_\_\_\_\_

**III. HOUSEHOLD ENVIRONMENT**

| Action  | Yes                       | No   | Unk   | Remarks   |
|---|---------------------------|--|---|---|
| A. House was visited  |                           |  |   |   |
| B. Evidence of alcohol abuse  |                           |  |   |   |
| C. Evidence of drug abuse   |                           |  |   |   |
| D. Serious physical or mental illness in household  |                           |  |   |   |
| E. Police have been called to home in past  |                           |  |   |   |
| F. Prior contact with social services   |                           |  |   |   |
| G. Documented history of child abuse  |                           |  |   |   |
| H. Odors, fumes, or peeling paint in household  |                           |  |   |   |
| I. Dampness, visible standing water, or mold growth   |                           |  |   |   |
| J. Pets in household  |                           |  |   |   |
| Type of dwelling:   | Water source:             |  | Number of bedrooms:   |   |
| Main language in home:  | Estimated annual income:  |  | On public assistance <input type="checkbox"/> Yes <input type="checkbox"/> No     |   |
| Number of adults (≥18 years of age): <input type="text"/> and children (<18 years of age): <input type="text"/> living in household. Total = <input type="text"/> people. |                           |  |   |   |
| Number of smokers in household:   |                           | Does usual caregiver smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk                                      |   | If yes, <input type="text"/> cigarettes/day   |
| Maternal information  | Age: <input type="text"/> | <input type="checkbox"/> Married (M) <input type="checkbox"/> Divorced (D)<br><input type="checkbox"/> Single (S) <input type="checkbox"/> Widowed (W) | Cohabiting w/partner:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Education (years): <input type="text"/><br><input type="checkbox"/> Employed (E)<br><input type="checkbox"/> Not employed (N) |

**IV. INFANT AND ENVIRONMENT**

|  |   |  |   |     |    |                               |
|--|---|--|---|-----|----|-------------------------------|
| <input type="checkbox"/> In crib (C) <input type="checkbox"/> In bed (B)<br><input type="checkbox"/> Other (O)   | <input type="checkbox"/> Sleeping alone (A)<br><input type="checkbox"/> Sleeping with others (O)  | <input type="checkbox"/> NA (N)  | Temperature of area:  |     |    |                               |
| Body position when placed  | <input type="checkbox"/> Unk <input type="checkbox"/> Back <input type="checkbox"/> Stomach <input type="checkbox"/> Side <input type="checkbox"/> Other  |  |   |     |    |                               |
| Body position when found   | <input type="checkbox"/> Unk <input type="checkbox"/> Back <input type="checkbox"/> Stomach <input type="checkbox"/> Side <input type="checkbox"/> Other  |  |   |     |    |                               |
| Face position when found   | <input type="checkbox"/> Unk <input type="checkbox"/> To left <input type="checkbox"/> To right <input type="checkbox"/> Facedown <input type="checkbox"/> Face up <input type="checkbox"/> To side |  |   |     |    |                               |
| Nose or mouth was covered or obstructed  | <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> Yes   |  |   |     |    |                               |
| Postmortem changes when found  | <input type="checkbox"/> Unk <input type="checkbox"/> None <input type="checkbox"/> Rigor <input type="checkbox"/> Lividity <input type="checkbox"/> Other  |  |   |     |    |                               |
| Number of cover or blanket layers on infant: <input type="text"/> Covers on infant (C) <input type="checkbox"/> Wrapped (W) <input type="checkbox"/> No covers (N) |   |  |   |     |    |                               |
| Sleeping or supporting surface:  |   | Clothing:  |   |     |    |                               |
| Other items in contact with infant:  |   | Items in crib or immediate environment:  |   |     |    |                               |
| Devices operating in room:   |   | Cooling source in room:<br><input type="checkbox"/> On (+) <input type="checkbox"/> Central (C) <input type="checkbox"/> None (N)<br><input type="checkbox"/> Off (-) <input type="checkbox"/> Space (S) | Heat source in room:<br><input type="checkbox"/> On (+) <input type="checkbox"/> Central (C) <input type="checkbox"/> None (N)<br><input type="checkbox"/> Off (-) <input type="checkbox"/> Space (S) |     |    |                               |
| Item collected   | Yes   | No   | Item collected  | Yes | No | Number of scene photos taken: |
| Baby bottle  |   |  | Apnea monitor   |     |    | Other items collected:        |
| Formula  |   |  | Medicines   |     |    |                               |
| Diaper   |   |  | Pacifier  |     |    |                               |
| Clothing   |   |  | Bedding   |     |    |                               |

**SUDDEN UNEXPLAINED INFANT DEATH  
INVESTIGATION REPORT FORM (SUIDIRF) 3.96**

Case number \_\_\_\_\_

**V. INTERVIEW AND PROCEDURAL TRACKING**

| Contact                              | Name | Date | Time  | Phone  | Relationship to infant |
|--------------------------------------|------|------|---|--------|------------------------|
| Mother                               |      |      |   |        |                        |
| Father                               |      |      |   |        |                        |
| Usual caregiver                      |      |      |   |        |                        |
| Last caregiver                       |      |      |   |        |                        |
| Placer                               |      |      |   |        |                        |
| Last witness                         |      |      |   |        |                        |
| Finder                               |      |      |   |        |                        |
| First responder                      |      |      |   |        |                        |
| EMS caller                           |      |      |   |        |                        |
| EMS responder                        |      |      |   |        |                        |
| Police                               |      |      |   |        |                        |
| Alternate contact person:            |      |      |   | Phone: |                        |
| Action                               | Date | Time | Action  |        |                        |
| Medical record review for infant     |      |      | Doll reenactment performed ___ Yes ___ No         |        |                        |
| Medical record review for mother     |      |      | Scene diagram completed ___ Yes ___ No            |        |                        |
| Physician or provider interview      |      |      | Body diagram completed ___ Yes ___ No             |        |                        |
| Referral to social or SIDS services  |      |      | Detailed protocol completed ___ Yes ___ No ___ NA |        |                        |
| Cause of death discussed with family |      |      | Other:  |        |                        |

**VI. OVERALL PRELIMINARY SUMMARY**

Notes to pathologist performing autopsy:

Indications that an environmental hazard, drug, poison, or consumer product contributed to death \_\_\_ Yes \_\_\_ No

Organ or tissue donation requested by family or agency \_\_\_ Yes \_\_\_ No \_\_\_ Unk

Cause of death: \_\_\_ Presumed SIDS \_\_\_ Suspect trauma or injury \_\_\_ Other

**VII. CASE DISPOSITION**

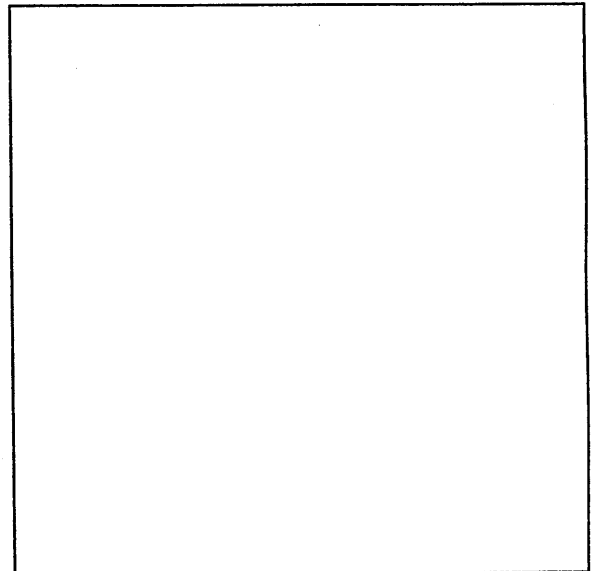
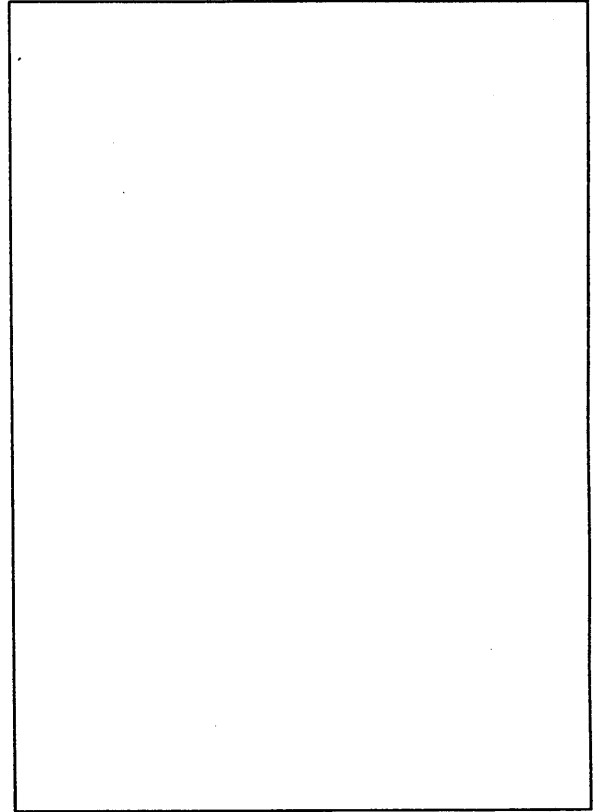
|                               |  |   |
|-------------------------------|--|---|
| Case disposition              | ___ Case declined (D) due to<br>___ Topic (T) ___ Locale (L)                                   | ___ Case accepted (J) for<br>___ Autopsy (A) ___ Inspection (I) ___ Certification (C) |
| Body disposition              | ___ Brought in for exam (E) ___ Brought in for holding or claim (C) ___ Released from site (R) |   |
| Who will sign DC?             |  |   |
| Transport agent:              | Funeral home:  |   |
| Investigator and affiliation: | Date:  |   |
|                               | Number of supplement pages attached:   |   |



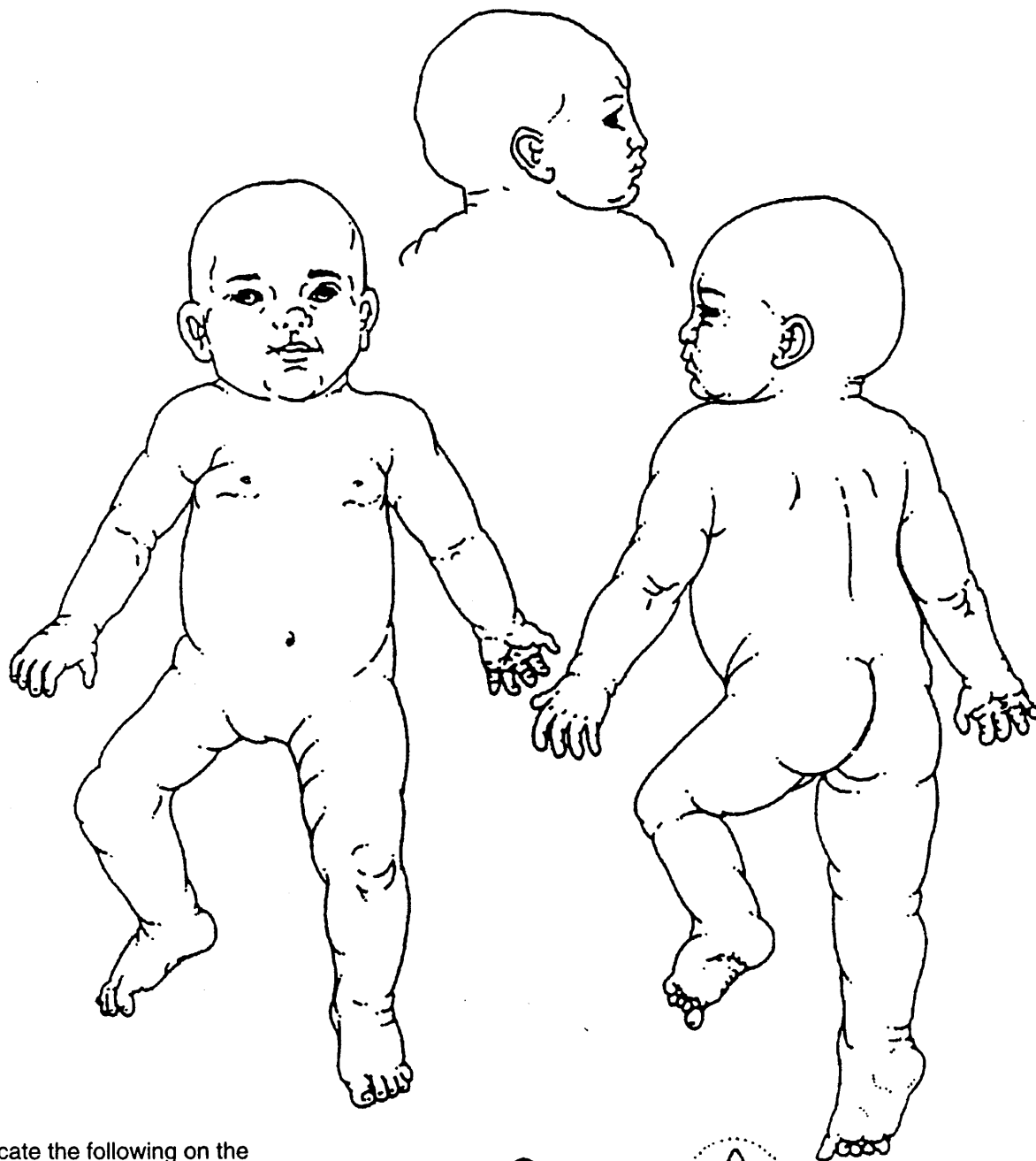
## SCENE DIAGRAM

### Instructions

- 1) Use figure at right for a rectangular room, and use figure below right for a square room. Use a supplementary page to draw an unusually shaped room.
- 2) Indicate the following on the diagram (check when done):
  - ☐ North direction
  - ☐ Windows and doors
  - ☐ Wall lengths
  - ☐ Ceiling height: \_\_\_\_\_
  - ☐ Location of furniture
  - ☐ Location of crib or bed
  - ☐ Body location when found
  - ☐ Location of other objects in room
  - ☐ Location of heating and cooling supplies and returns
- 3) Make additional notes or drawings in available spaces as needed.
- 4) Check all that apply about heat source:
  - ☐ Gas furnace or boiler
  - ☐ Electric furnace or boiler
  - ☐ Forced air
  - ☐ Steam or hot water
  - ☐ Electric baseboard
  - ☐ Other: \_\_\_\_\_
  - ☐ None
- 5) Complete the following:
  - Thermostat setting: \_\_\_\_\_
  - Thermostat reading: \_\_\_\_\_
  - Actual room temperature: \_\_\_\_\_
  - Outside temperature: \_\_\_\_\_



## BABY DIAGRAM



### Instructions

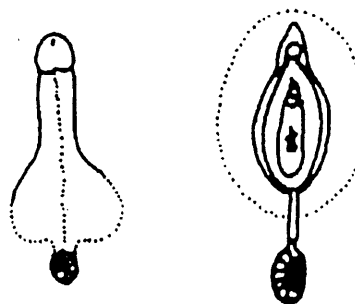
- 1) If present, indicate the following on the diagram. If not present, enter "None."

\_\_\_\_\_ Drainage or discharge from body or orifices  
\_\_\_\_\_ Marks or bruises  
\_\_\_\_\_ Location of diagnostic or therapeutic devices  
\_\_\_\_\_ Pale pressure mark areas  
\_\_\_\_\_ Predominate areas of lividity

- 2) Complete the following:

Body temperature: \_\_\_\_\_

Source of temperature: \_\_\_\_\_



**SUIDIRF SUPPLEMENT**



**KENTUCKY CORONER CHILD FATALITY REPORTING FORM**

Revised 9/05

KRS 211.680

**Section I****DEMOGRAPHIC AND RELATED INFORMATION****For child deaths under age 18**

County of Death \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Incidence \_\_\_\_\_

County of Incidence \_\_\_\_\_ County of Residence \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Also I.D. State if other than KY Also I.D. State if other than KY hrs, days, mos., yrs.Cause of Death \_\_\_\_\_ Manner of Death: ☐ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Undetermined

Name of Deceased \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Social Security # \_\_\_\_\_  
(M/F) White, Black, Hispanic, Asian, Other: (Specify)**Check Local Agencies Notified of this Child Fatality: (related to KRS 72.410 & KRS 620.030 requirements)**☐ Law Enforcement ☐ Health Department ☐ Dept. for Community Based Services (Social Services)  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_**Has this fatality, or will it be reviewed** by the Local Child Fatality Review Team? ☐ Yes ☐ No, why? \_\_\_\_\_Possible Risk Factors associated with the death for which interventions could potentially prevent similar future child deaths. (Also use for extra comments.)  
\_\_\_\_\_  
\_\_\_\_\_\*\*\*Submit Report to\*\*\*: Child Fatality Review Administrator, Division of Adult & Child Health Improvement, 275 East Main St.,  
HS 2GW-A, Frankfort, KY 40621-0001. For more Information call 502/564-3527, Ext. 3786.

Revised 9/05

**Section II****CIRCUMSTANCES OF DEATH****(Complete subsections appropriate to case)**☐ **A. SUDDEN INFANT DEATH SYNDROME (SIDS)**

1. Has this family had another child to die?

☐ Yes ☐ No ☐ Unknown

If yes, at what age? \_\_\_\_\_

Cause \_\_\_\_\_

☐ Immediate family ☐ Other relative

2. Position of infant on discovery?

☐ On stomach, face down☐ On stomach, face to side☐ On back ☐ On left side☐ On right side ☐ Co-Sleeping☐ Other \_\_\_\_\_☐ Unknown

3. Place of death?

☐ Residence ☐ Childcare☐ Other \_\_\_\_\_

4. Tobacco use at place of discovery?

☐ Yes ☐ No ☐ Unknown☐ **B. ILLNESS OR OTHER NATURAL CAUSE**

1. Apparent illness or other natural cause condition?

☐ Known Condition (specify) \_\_\_\_\_☐ Unknown Condition

2. Last known date/time child was assessed by health care provider?

Date \_\_\_\_\_

Reason \_\_\_\_\_

3. Premature birth? \_\_\_\_\_ weeks gestation  
Birth was:☐ Spontaneous ☐ Chemically induced☐ Inflicted Injury to Mother (how?) \_\_\_\_\_4. ☐ Tobacco/drug use at place of discovery?☐ Yes ☐ No ☐ Unknown☐ **C. UNDETERMINED**1. ☐ Cause 2. ☐ Manner☐ **D. FALL**

1. Place of incident

☐ Residence ☐ School☐ Day care/child care ☐ Park☐ Other \_\_\_\_\_

2. Was child supervised?

☐ Yes ☐ No ☐ Unknown

3. Equipment or product involved, other comments \_\_\_\_\_

☐ **E. ELECTRICAL**

1. Cause?

☐ Lightning ☐ Downed power line☐ Equipment \_\_\_\_\_☐ Wiring ☐ Other \_\_\_\_\_☐ **F. POISON/OVERDOSE**1. ☐ Due to drug or chemical

Name of drug or chemical \_\_\_\_\_

☐ Unknown b. ☐ N/A2. ☐ Circumstances Unknown

3. Poison Control Contacted?

☐ Yes ☐ No

4. Location of deceased at discovery?

☐ Residence ☐ Other \_\_\_\_\_5. ☐ Intentional ☐ UnintentionalAdministered by ☐ Self ☐ Other \_\_\_\_\_☐ Unknown☐ **G. DROWNING**

1. Place of Drowning?

☐ Creek/River ☐ Pond/Lake☐ Well/ Cistern/ or septic tank☐ Bathtub ☐ Swimming pool☐ Wading Pool ☐ Bucket☐ Other \_\_\_\_\_☐ Unknown

2. Location prior to drowning?

☐ Boat ☐ Water edge☐ Other \_\_\_\_\_☐ Unknown

3. Wearing flotation device?

☐ Yes ☐ No ☐ Unknown

4. Barrier devices present? (e.g. wall, fence, gate)

☐ Yes (Type) \_\_\_\_\_5. ☐ Circumstances Unknown

6. Was child supervised?

☐ Yes ☐ No ☐ Unknown☐ **H. DECEASED IS A FEMALE OF CHILD BEARING AGE**

1. Pregnant at the time of death?

☐ Yes ☐ No

2. If no, a pregnancy in the past 12 months?

☐ Yes ☐ No ☐ Unknown**Report submitted by:****Signature** \_\_\_\_\_**Printed Name**  
(or typed)**Date** \_\_\_\_\_☐ Coroner ☐ Deputy Coroner**Continued on next page**

☐ **I. VEHICULAR**

1. Age of Driver \_\_\_\_\_
2. Position of decedent?
  - ☐ Driver
  - ☐ Pedestrian
  - ☐ Passenger
  - ☐ Back of truck
  - ☐ Other \_\_\_\_\_
  - ☐ Unknown
3. Type of Vehicle?
  - ☐ Car ☐ All-Terrain Vehicle
  - ☐ Motorcycle ☐ Bicycle
  - ☐ Riding mower
  - ☐ Farm tractor
  - ☐ Truck/RV
  - ☐ Other farm vehicle
  - ☐ Other \_\_\_\_\_
  - ☐ Unknown
4. Condition of Road?
  - ☐ Normal
  - ☐ Loose gravel
  - ☐ Ice/Snow
  - ☐ Fog
  - ☐ Unknown
  - ☐ N/A
  - ☐ Other \_\_\_\_\_
5. Restraint Use?
  - ☐ Yes ☐ No
  - ☐ Car seat ☐ Booster
  - ☐ Seat belt
    - ☐ Present in vehicle/Not used
    - ☐ None in Vehicle
    - ☐ Unknown
    - ☐ N/A
- 6 Location of infant car seat?
  - ☐ Passenger seat
  - ☐ Back seat
  - ☐ Position (facing)?
    - ☐ Forward ☐ Backward
7. Deceased wearing a helmet?
  - ☐ Yes ☐ No ☐ Unknown ☐ N/A
8. Vehicle in which decedent **was** an occupant
  - ☐ Driver Impaired \_\_\_\_\_
  - ☐ Excessive speed
    - Speed limit? \_\_\_\_\_ mph
    - Vehicle speed? \_\_\_\_\_ mph
    - ☐ Other violations \_\_\_\_\_
  - ☐ Mechanical failure
  - ☐ Other \_\_\_\_\_
  - ☐ Unknown
  - ☐ N/A
9. Vehicle in which decedent was **not** an occupant
  - ☐ Operator impaired due to \_\_\_\_\_
  - ☐ Excessive speed \_\_\_\_\_ mph
  - ☐ Other operator violations \_\_\_\_\_
  - ☐ Mechanical Failure
  - ☐ Other \_\_\_\_\_
  - ☐ Unknown ☐ N/A

☐ **J. SUFFOCATION/STRANGULATION**

1. Circumstances
  - ☐ Overlay or roll-over by another
  - ☐ Inflicted by another person, not an overlay or roll-over
  - ☐ Self-inflicted with use of
    - ☐ Hanging device \_\_\_\_\_
    - ☐ Other \_\_\_\_\_
  - ☐ Unknown
2. ☐ Object obstructing breathing?
  - ☐ Food
  - ☐ Object in airway \_\_\_\_\_
  - ☐ Object covering mouth or nose \_\_\_\_\_
  - (e.g. blanket/plastic bag/person's hand)
  - ☐ Object exerting pressure on victim's neck \_\_\_\_\_
3. ☐ Suicide
4. ☐ Other \_\_\_\_\_
  - ☐ Unknown
5. ☐ Injury occurred while victim sleeping?
  - ☐ Yes ☐ No ☐ Unknown
6. Condition of bed/crib?
  - ☐ Hazardous design of bed/crib
  - ☐ Malfunction/improper use of bed
  - ☐ Use of soft bedding/sleeping surface
  - ☐ Use of a sofa, soft bedding, pillow
  - ☐ Other \_\_\_\_\_
  - ☐ Unknown
  - ☐ N/A
7. Carbon Monoxide Inhalation
  - ☐ Yes ☐ No ☐ Unknown
8. ☐ Circumstances unknown

☐ **K. FIREARM**

1. Person handling the firearm?
  - ☐ Decedent ☐ Other person
  - ☐ Unknown ☐ N/A
2. Firearm involved?
  - ☐ Handgun ☐ Long gun
  - ☐ Unknown ☐ N/A
3. ☐ Caliber \_\_\_\_\_
4. Age of person handling firearm?
  - ☐ Years \_\_\_\_\_ ☐ Unknown
5. ☐ Use of firearm at time of incident?
  - ☐ Shooting at person other than victim
  - ☐ Suicide ☐ Cleaning
  - ☐ Target shooting ☐ Loading
  - ☐ Hunting ☐ Playing
  - ☐ Other ☐ Unknown ☐ N/A
6. Was weapon easily accessible?
  - ☐ Yes ☐ No ☐ Unknown
7. ☐ Circumstances unknown

☐ **L. INFLECTED INJURY**

1. Manner injury was inflicted?
  - ☐ Firearm ☐ Sharp/stabbing trauma
  - ☐ Blunt force trauma ☐ Unknown
2. Injury inflicted by?
  - ☐ Self ☐ Parent/Caregiver
  - ☐ Other adult assailant ☐ Peer
  - ☐ Law enforcement ☐ Unknown
3. ☐ Accident ☐ Suicide ☐ Homicide
4. ☐ Abusive \_\_\_\_\_
5. ☐ Circumstances unknown

☐ **M. FIRE/BURN**

1. If not fire, source of burn?
  - ☐ Hot water ☐ Appliance
  - ☐ Other \_\_\_\_\_
  - ☐ Unknown ☐ N/A
2. Fire source?
  - ☐ Oven/stove ☐ Explosion \_\_\_\_\_
  - ☐ Cooking appliance for warmth
  - ☐ Matches ☐ Lit cigarette
  - ☐ Lighter ☐ Space heater
  - ☐ Furnace ☐ Electrical wire
  - ☐ Wood stove ☐ Meth. Lab
  - ☐ Fireworks/Explosives
  - ☐ Other \_\_\_\_\_
  - ☐ Unknown ☐ N/A
3. Smoke alarm present at scene?
  - ☐ Yes ☐ No ☐ Non-functional
4. Did another person start fire?
  - ☐ Yes ☐ No ☐ Unknown
5. If yes, age of person \_\_\_\_\_
  - ☐ Unknown ☐ N/A
6. If started by a person, did this person survive fire?
  - ☐ Yes ☐ No
7. Activity of person that started fire at time of fire?
  - ☐ Playing ☐ Cooking
  - ☐ Smoking ☐ Other \_\_\_\_\_
  - ☐ Unknown ☐ N/A
  - ☐ Suspected arson
8. Type of structure burned?
  - ☐ Wood ☐ Brick/stone
  - ☐ Trailer/Mobile home
  - ☐ Other \_\_\_\_\_
  - ☐ Unknown ☐ N/A
9. Was person under influence of ETOH/drugs?
  - ☐ Yes ☐ No ☐ Unknown
10. ☐ Circumstances unknown?
  - ☐ Yes ☐ No ☐ N/A

☐ **N. OCCUPATIONAL FATALITY**

1. Was this death work related?
  - ☐ Yes ☐ No ☐ Unknown

☐ **O. OTHER**

1. Place of fatality \_\_\_\_\_
  2. Cause \_\_\_\_\_
  3. Injury \_\_\_\_\_
  4. Faulty consumer product involved?
    - ☐ Yes ☐ No ☐ Unknown
- Product: \_\_\_\_\_

☐ **P. SUICIDE**

1. History of abuse?
    - ☐ Yes ☐ No ☐ Unknown
- Type of Abuse: ☐ Mental ☐ Physical ☐ Sex  
By ☐ Self ☐ Other \_\_\_\_\_
2. ☐ School problems 3. ☐ Previous attempts
  4. Mental Health Care or Child Protective Services System involvement?
    - ☐ Yes \_\_\_\_\_ ☐ No

# 2009

## January

| Su | Mo        | Tu | We | Th       | Fr | Sa |
|----|-----------|----|----|----------|----|----|
|    |           |    |    | <b>1</b> | 2  | 3  |
| 4  | 5         | 6  | 7  | 8        | 9  | 10 |
| 11 | 12        | 13 | 14 | 15       | 16 | 17 |
| 18 | <b>19</b> | 20 | 21 | 22       | 23 | 24 |
| 25 | 26        | 27 | 28 | 29       | 30 | 31 |

1 New Year's Day  
19 Martin Luther King  
Jr. Day

## February

| Su        | Mo        | Tu | We        | Th        | Fr | Sa        |
|-----------|-----------|----|-----------|-----------|----|-----------|
| 1         | <b>2</b>  | 3  | 4         | 5         | 6  | 7         |
| 8         | 9         | 10 | 11        | <b>12</b> | 13 | <b>14</b> |
| 15        | <b>16</b> | 17 | 18        | 19        | 20 | 21        |
| <b>22</b> | 23        | 24 | <b>25</b> | 26        | 27 | 28        |

2 Groundhog Day  
12 Lincoln's Birthday  
14 St. Valentine's Day  
16 President's Day  
22 Washington's Birthday  
25 Ash Wednesday

## March

| Su       | Mo | Tu        | We | Th | Fr | Sa |
|----------|----|-----------|----|----|----|----|
| 1        | 2  | 3         | 4  | 5  | 6  | 7  |
| <b>8</b> | 9  | 10        | 11 | 12 | 13 | 14 |
| 15       | 16 | <b>17</b> | 18 | 19 | 20 | 21 |
| 22       | 23 | 24        | 25 | 26 | 27 | 28 |
| 29       | 30 | 31        |    |    |    |    |

8 Daylight Saving  
Time Begins  
17 St. Patrick's Day

## April

| Su        | Mo | Tu | We       | Th | Fr        | Sa |
|-----------|----|----|----------|----|-----------|----|
|           |    |    | <b>1</b> | 2  | 3         | 4  |
| <b>5</b>  | 6  | 7  | 8        | 9  | <b>10</b> | 11 |
| <b>12</b> | 13 | 14 | 15       | 16 | 17        | 18 |
| 19        | 20 | 21 | 22       | 23 | 24        | 25 |
| 26        | 27 | 28 | 29       | 30 |           |    |

1 April Fool's Day  
5 Palm Sunday  
10 Good Friday  
12 Easter

## May

| Su        | Mo        | Tu | We | Th | Fr | Sa |
|-----------|-----------|----|----|----|----|----|
|           |           |    |    |    | 1  | 2  |
| 3         | 4         | 5  | 6  | 7  | 8  | 9  |
| <b>10</b> | 11        | 12 | 13 | 14 | 15 | 16 |
| 17        | 18        | 19 | 20 | 21 | 22 | 23 |
| 24        | <b>25</b> | 26 | 27 | 28 | 29 | 30 |
| 31        |           |    |    |    |    |    |

10 Mother's Day  
25 Memorial Day

## June

| Su        | Mo | Tu | We | Th | Fr | Sa |
|-----------|----|----|----|----|----|----|
|           | 1  | 2  | 3  | 4  | 5  | 6  |
| 7         | 8  | 9  | 10 | 11 | 12 | 13 |
| <b>14</b> | 15 | 16 | 17 | 18 | 19 | 20 |
| <b>21</b> | 22 | 23 | 24 | 25 | 26 | 27 |
| 28        | 29 | 30 |    |    |    |    |

14 Flag Day  
21 Father's Day  
21 Summer Solstice

## July

| Su | Mo | Tu | We | Th | Fr | Sa       |
|----|----|----|----|----|----|----------|
|    |    |    | 1  | 2  | 3  | <b>4</b> |
| 5  | 6  | 7  | 8  | 9  | 10 | 11       |
| 12 | 13 | 14 | 15 | 16 | 17 | 18       |
| 19 | 20 | 21 | 22 | 23 | 24 | 25       |
| 26 | 27 | 28 | 29 | 30 | 31 |          |

4 Independence Day

## August

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
|    |    |    |    |    |    | 1  |
| 2  | 3  | 4  | 5  | 6  | 7  | 8  |
| 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 |    |    |    |    |    |

## September

| Su        | Mo       | Tu | We | Th | Fr | Sa |
|-----------|----------|----|----|----|----|----|
|           |          | 1  | 2  | 3  | 4  | 5  |
| 6         | <b>7</b> | 8  | 9  | 10 | 11 | 12 |
| <b>13</b> | 14       | 15 | 16 | 17 | 18 | 19 |
| 20        | 21       | 22 | 23 | 24 | 25 | 26 |
| 27        | 28       | 29 | 30 |    |    |    |

7 Labor Day  
13 Grandparent's Day

## October

| Su | Mo | Tu | We | Th | Fr | Sa        |
|----|----|----|----|----|----|-----------|
|    |    |    |    | 1  | 2  | 3         |
| 4  | 5  | 6  | 7  | 8  | 9  | 10        |
| 11 | 12 | 13 | 14 | 15 | 16 | 17        |
| 18 | 19 | 20 | 21 | 22 | 23 | 24        |
| 25 | 26 | 27 | 28 | 29 | 30 | <b>31</b> |

31 Halloween

## November

| Su       | Mo | Tu       | We        | Th        | Fr | Sa |
|----------|----|----------|-----------|-----------|----|----|
| <b>1</b> | 2  | <b>3</b> | 4         | 5         | 6  | 7  |
| 8        | 9  | 10       | <b>11</b> | 12        | 13 | 14 |
| 15       | 16 | 17       | 18        | 19        | 20 | 21 |
| 22       | 23 | 24       | 25        | <b>26</b> | 27 | 28 |
| 29       | 30 |          |           |           |    |    |

1 Daylight Saving  
Time Ends  
3 Election Day  
11 Veteran's Day  
26 Thanksgiving

## December

| Su | Mo        | Tu | We | Th        | Fr        | Sa |
|----|-----------|----|----|-----------|-----------|----|
|    |           | 1  | 2  | 3         | 4         | 5  |
| 6  | 7         | 8  | 9  | 10        | 11        | 12 |
| 13 | 14        | 15 | 16 | 17        | 18        | 19 |
| 20 | <b>21</b> | 22 | 23 | 24        | <b>25</b> | 26 |
| 27 | 28        | 29 | 30 | <b>31</b> |           |    |

21 Winter Solstice  
25 Christmas  
31 New Year's Eve